

State: New York

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
1902(a)(10)(C)(i) of the Act	<p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p> <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled </p> <p><u>Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.</u></p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

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 TN No. 91-78 Approval Date SEP 14 1993 Effective Date APR 1 1993
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October 1991

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OMB No.:

State/Territory: New York

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:
	<u>X</u> Twice the SSI resource standard for an individual.
	— More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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MAY 1993

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State: New York

Citation	Condition or Requirement
1902(u) of the Act	10. Excess Resources * <ul style="list-style-type: none">a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries Any excess resources make the individual ineligible.b. Categorically Needy Only <u>X</u> This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.c. Medically Needy Any excess resources make the individual ineligible.

*In accordance with *Westmiller v. Sullivan*, individuals are allowed to use incurred medical bills to offset excess resources and become eligible for Medicaid. See Supplement 8b to Attachment 2.6-A.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

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Citation	Condition or Requirement
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- d. As specified in Supplement 4 to Attachment 2.6A, the agency disregards the value of resources in addition to items 5a-c.

6. Excess Resources — Categorically Needy and Medically Needy

The method(s) checked below are used in handling resources in excess of those specified above:

a. Categorically Needy

☒ Any excess resources make the individual ineligible.

☒ This State has a section 1634 agreement with SSI. Conditional eligibility is provided for individuals who are receiving SSI while disposing of excess resources.

b. Medically Needy

The method(s) checked below is used in handling resources in excess of those specified above:

☐ Excess non-income producing property (except the home) must be disposed of

☐ Any excess resources render the individual ineligible

☒ Other, described as follows:

Excess liquid assets are applied to cost of care

* See Supplement 12, page 2 to Attachment 2.6A

88-35
S-2-565
NEW

Approval Date SEP 17 1990

Effective Date Oct. 1, 1982

State NEW YORK

ELIGIBILITY CONDITIONS AND REQUIREMENTS

88 35

Citation

Condition or Requirement

7. Treatment of Income and Resources — Medically
Needy☒ a. Individuals under 21☒ The agency uses the same methodologies for
treatment of income and resources as used in
the AFDC State plan.

*Except for the disregards as contained in NY 82-9 approved on 4/26/84
effective 1/1/82 and as protected under the moratorium provision of the
DRA. --

IN # 88-35
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IN NEWApproval Date SEP 17 1990Effective Date Oct. 1, 1982

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: New York

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Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. <u> </u> Aged, blind, disabled. <u> </u> AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <u> </u> Aged, blind, disabled. <u> </u> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: New York

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p><u>X</u> (3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u>X</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>X</u> 12 months</p> <p>___ 6 months</p> <p>___ months (no less than 6 months and no more than 12 months)</p>

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N.Y.

Citation

Condition or Requirement

1902(a)(18)
and 1902(f) of
the Act

12. Pre-OBRA 93 Transfer of Resources -
Categorically and Medically Needy, Qualified Medicare
Beneficiaries, and Qualified Disabled and Working
Individuals

The agency complies with the provisions of section
1917 of the Act with respect to the transfer of
resources.

Disposal of resources at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9 to Attachment 2.6-A.

1917(c)

13. Transfer of Assets - All eligibility groups

The agency complies with the provisions of section
1917(c) of the Act, as enacted by OBRA 93, with regard
to the transfer of assets.

Disposal of assets at less than fair market value
affects eligibility for certain services as detailed
in Supplement 9(a) to ATTACHMENT 2.6-A, except in
instances where the agency determines that the
transfer rules would work an undue hardship.

1917(d)

14. Treatment of Trusts - All eligibility groups

The agency complies with the provisions of section
1917(d) of the Act, as amended by OBRA 93, with regard
to trusts.

— The agency uses more restrictive methodologies
under section 1902(f) of the Act, and applies
those methodologies in dealing with trusts;

— The agency meets the requirements in section
1917(d)(f)(B) of the Act for use of Miller
trusts.

The agency does not count the funds in a trust in any
instance where the agency determines that the transfer
would work an undue hardship, as described in
Supplement 10 to ATTACHMENT 2.6-A.

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TN No.

95-12

91-78

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AUG 18 1995

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OMB No.: 0938-0673

State: New York

Citation Condition or Requirement

1924 of the Act

13. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

_____ the maximum standard permitted by law;

_____ the minimum standard permitted by law; or

\$74,820 a standard that is an amount between the minimum and the maximum.

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